

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01311

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen Anne's  
City or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Ridgely  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) Is veteran, name war no

## 3. (a) FULL NAME

Sarah Ella Cannon

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed  
6.(b) Name of husband or wife Alfred Cannon  
7. Birth date of deceased (mo., day, yr.) September 3 - 1862 B.(c) If alive, give age years  
8. AGE: Years 84 Months 7 Days 1 It less than one day hrs. min.

9. Birthplace Queen Anne's Co., Maryland  
(Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business John Mullikin

12. Name John Mullikin

13. Birthplace Queen Anne's Co. Md

14. Maiden name Sarah De Rochbrouse

15. Birthplace Queen Anne's Co. Md

16. Informant Miss Harry O Booker

Address Centerville, Maryland

17. Burial Date thereof April 7-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Greenmount

Location Hillshars, Caroline Co. Md

18. Funeral director T. D. Baker T. D. Baker  
Address Centerville, Maryland

19. 4-5-47 Elie Armstrong  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 19 47 at 5:30 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 15 19 47 to 4-4 19 47  
and that I last saw him 4-4 alive on 4-4 19 47

Immediate cause of death Heart - Blood disease  
Due to Arteriosclerosis  
Due to Atherosclerosis  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE H. J. Matheson  
M. D. or other  
Address Centerville, Md Date signed 4-4-47

RECEIVED

APR 14 1947

BUREAU V B

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

### 1. PLACE OF DEATH:

County Queen Anne

City or town Rural Queenstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Rural Queenstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Fred Coleman

### 3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Maggie Coleman

6.(c) If alive, give age 5y years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 64 Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Groasonville Md  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Form

12. Name John Coleman

13. Birthplace Maryland

14. Maiden name Josephine Murray

15. Birthplace Maryland

16. Informant Maggie Coleman

Address Rural Queenstown, Md.

17. Burial Date thereof 4-28-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M. E. Church Yard

Location Groasonville Md

19. Funeral director Edgar J. Lane

Address Church Hill Md

4-28 47 Helen M Aldridge

19. (Date rec'd by registrar) \_\_\_\_\_ Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 47 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19 47 to April 1 19 47

and that I last saw h.p.m. alive on April 10 19 47

Immediate cause of death Coronary Thrombosis

DURATION

1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William C. Lowe M.D.

M. D. or other

Address Queenstown, Md Date signed April 26, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01312

RECEIVED

MAY 2 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 750

## CERTIFICATE OF DEATH

01313

Reg. Dist. No. 252

### 1. PLACE OF DEATH:

County Luzerne  
City or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Luzerne  
City or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war no

### 3. (a) FULL NAME

William Myers Couley

### 3. (b) Social Security Number

213-16-8155

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Elva May Couley  
6.(c) If alive, give age 35 years  
7. Birth date of deceased (mo., day, yr.) February 8-1906  
8. AGE: Years 41 Months 2 Days 0 If less than one day  
hrs. min.

9. Birthplace Henderson Caroline Co. Md  
(Town, county, and state)

10. Usual occupation Foreman

11. Industry or business State Roads

12. Name Samuel P. Couley

13. Birthplace Caroline Co. Maryland

14. Maiden name Augusta Walls

15. Birthplace Smithfield 20 Co. Md

16. Informant Mrs Elva May Couley

Address Centerville, Maryland

17. Burial Date thereof April 10-47  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Chestfield

Location Centerville, Maryland

18. Funeral director Barton Bros

Address Centerville Maryland

19. 4-8- 47 Elva Armistead  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1947 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19

Immediate cause of death He was dead when I arrived at his home

from history obtained

Due to was a heart attack

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. Henry Fisher

city md M. D. or other

Address Centerville Md Date signed 4/8/47

RECEIVED

APR 11 1947

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 01315 252

## 1. PLACE OF DEATH:

County... Queen Anne's  
 City or town... W. Wye Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Queen Anne's  
 City or town... Wye Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Annie Ruelma Faulkner

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

white

## 6.(a) Single, married, widowed, or divorced

widowed

## 6.(b) Name of husband or wife

Harry C Faulkner

## 7. Birth date of deceased (mo., day, yr.)

August 23 - 1872

## 6.(c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

74719

.....hrs. ....min.

## 9. Birthplace

Wye Mills 240s Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

MOTHER FATHER

## 12. Name

William Henry Denney

## 13. Birthplace

Wye Mills Maryland

## 14. Maiden name

Sallie A Skinner

## 15. Birthplace

Queen Anne's Md

## 16. Informant

Mr Harry F Denney

## Address

Wye Mills Maryland

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Burial Apr 15 - 47  
(month) (day) (year)

## Cemetery or crematory

Chestersfield

## Location

Centerville Maryland

## 18. Funeral director

Barton Bros

## Address

Centerville Maryland

## 19.

(Date rec'd by registrar)

Apr 14 - 47 Elise Armstrong  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Apr 17 19 47 at 10 P M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 11 19 47 to Apr 17 19 47

## and that I last saw him alive on

Apr 11 19 47

## Immediate cause of death

Chronic valvular diseaseof the heart

## DURATION

## Due to

hypertension, chronic interstitial, 2 or 3 years

## Due to

hypertension, chronic interstitial, 2 or 3 years

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

## Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

W. H. DenneyCenterville, Md

## M. D. or other

Date signed 4/14/47

RECEIVED

APR 17 1947

STRA 3



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 01316 2654

### 1. PLACE OF DEATH:

County Queen Anne  
City or town Rural Chester  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Queen Anne  
City or town Rural Chester  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Carrie Thomas Johnson

### 3. (b) Social Security Number

219-10-9997

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Preston Roosevelt Johnson  
6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) April 20, 1912

8. AGE: Years 35 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Alexandria, Virginia  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Not Known

13. Birthplace

14. Maiden name Natie Thomas

15. Birthplace Not Known

16. Informant Preston Roosevelt Johnson

Address Rural Chester

17. Burial Date thereof May 11, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium (Col) Chester

Location Chester Md.

18. Funeral director John D. Williams

Address Paston, Md.

19. May 2 - 1947 Helen M. Aldridge  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1947 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June September 1946 to April 29, 1947  
and that I last saw her alive on April 29, 1947

Immediate cause of death Pulmonary Tuberculosis DURATION 10 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Lane MD M.D. or other

Address Queenstown Md Date signed Apr 29, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 6 1947

8 REA 78

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

## 1. PLACE OF DEATH:

County Queen AnneCity or town Rural Queenstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 53 Expts

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Rural Queenstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Glenford Johnson

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Ethel Edna Johnson6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) October 18938. AGE: 53 Years 6 Months 54 Days hrs. min.9. Birthplace Queenstown, Queen Anne, Md  
(Town, county, and state)10. Usual occupation Form work

11. Industry or business

12. Name Samuel Johnson13. Birthplace Queenstown14. Maiden name Nannie Brice15. Birthplace Queenstown16. Informant Ethel JohnsonAddress Queenstown, Md17. Burial Date thereof April 14, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Chesford CemeteryLocation Centerville, Md18. Funeral director Wm D WilliamsAddress Queenstown, Md19. Apr. 14 19 47 W. M. Aedridge  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 47 at 12:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 7 19 47 to April 10 19 47and that I last saw him alive on April 10 19 47

Immediate cause of death \_\_\_\_\_

Cerebral Thrombosis

DURATION

Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William C. Lowe, MD

M. D. or other

Address Queenstown, Md Date signed April 11, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01317

RECEIVED

APR 17 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 01318 252

## 1. PLACE OF DEATH:

County... Queen Anne's  
 City or town... Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... all her life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Queen Anne's  
 City or town... Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION) 2  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Bessie F. Kinnaman

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## B. (b) Name of husband or wife

Walter Kinnaman

## 7. Birth date of

deceased (mo., day, yr.)

November 12 - 1879

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

67424

hrs.

min.

## 9. Birthplace

Centerville 20th Maryland  
(Town, county, and state)

## 10. Usual occupation

School teacher

## 11. Industry or business

Retired

## FATHER

## 12. Name

James F. Kinnaman

## 13. Birthplace

Isleight Co. Maryland

## MOTHER

## 14. Maiden name

Mary L. Chance

## 15. Birthplace

Isleight Co. Maryland

## 16. Informant

Miss Gertrude Kinnaman

## Address

Centerville, Maryland

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Burial April 8 - 47  
(month) (day) (year)

## Cemetary or crematory

Chesterfield

## Location

Centerville Maryland

## 18. Funeral director

Darton Bros

## Address

Centerville Maryland

## 19.

(Date rec'd by registrar)

April 8 - 47Eliza Ametree

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 5 19 47 at 5:00 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 47 to April 5 19 47 and that I last saw her... alive on April 5 19 47

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

2 days

## Due to.....

## Due to.....

## Other conditions

Sarcous Lung

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

## 23. SIGNATURE

W. Henry Fisher

M. D. or other

Address... Centerville Md Date signed 4/8/47

RECEIVED

APR 11 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 734

## CERTIFICATE OF DEATH

Reg. Dist. No. 262

## 1. PLACE OF DEATH:

County Queen Anne  
 City or town near Sudlersville  
 (If outside city or town limits, write RURAL and give nearest town)  
4 mi. N.  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred:  
Bellevue Nursing Home  
 How long in hospital or institution? 4 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent Co.  
 City or town Bellevue  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

SARAH E. KNOWLES

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

white

## B. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Allan W. Knowles

## 7. Birth date of deceased (mo., day, yr.)

October 1, 1873

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

73 yrs

6

7

hrs.

min.

## 9. Birthplace

Somerset Co., Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

## FATHER

## 12. Name

Henry Murray

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Virginia Simms

## 15. Birthplace

Maryland

## 16. Informant

Mrs. George Hitch

## Address

Chestertown, Md.

## 17. (Burial, cremation, or removal. Which?)

Burial

Date thereof April 11, 1947  
(month) (day) (year)

## Cemetery or crematory

Memorial Park Cem.

## Location

Salisbury Wicomico Co., Md.

## 18. Funeral director

J. Willis Wells

## Address

Chestertown, Md.

## 19. (Date rec'd by registrar)

April 8, 1947

Clara S. Bamer  
 Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 8, 1947, at 12:00 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1947, to April 5, 1947

## and that I last saw him alive on

April 8, 1947

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

## Due to

Cerebral Arteriosclerosis

## Due to

Chronic Hypertension

## Other conditions

None

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of \_\_\_\_\_

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

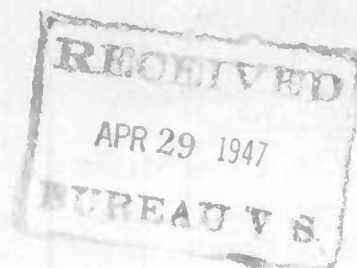
C. D. McElroy  
Public Health Officer

M. D. or other

## Address

Date signed 4/11/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 01320 252

## 1. PLACE OF DEATH:

County Queen Anne's  
 City or town Centersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 156 20 minutes  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Queen Anne's  
 City or town Stevensville Md 1946  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Baltimore 19436 1946  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William Martin Mc. Peck

## 3. (b) Social Security Number

Not Registered

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

May 10 - 1872

## 6.(c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

741114

.....hrs.

.....min.

## 9. Birthplace

Vergies Kentucky

(Town, county, and state)

## 10. Usual occupation

Carpenter & General Laborer

## 11. Industry or business

## FATHER

## 12. Name

Do not know

## 13. Birthplace

" " "

## MOTHER

## 14. Maiden name

Do not know

## 15. Birthplace

" " "

## 16. Informant

Fred Hager, Stevensville Md

## Address

20 Co 10 Police Office, Centersville Md

## 17.

(Burial, cremation, or removal, Which?)

Date thereof

Burial April 25 - 47  
(month) (day) (year)

## Cemetery or crematory

Centersville

## Location

Centersville, Maryland

## 18. Funeral director

Hector Bros

## Address

Centersville, Maryland

## 19.

4-25-47  
(Date rec'd by registrar)

19

Elise Armstrong

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 25 1947 at 10-15 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

15 min

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

## 23. SIGNATURE

W. Harry Fisher

## Address

Centersville MdDate signed 4/25-47

NOIT

NOIT

NOIT

